# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

I Reporting	Information		95 (5) (6)
Year: 2013			
Fill in circle if ame	endment ⊗		
last to the second seco	⊗ January/June	O July/December	
Type of Lobbying:	O Nonprocurement	O Procurement	OBoth
Client Filing Fee Ch	neck Number:	Commence of the commence of th	

RECEIVED JUL 172013

amended for Sof F

II Client Information		
Name: Public Campaign Action Fund		
Permanent Business Address: 1133 19th St., NW, Ninth Floor		
City: Washington	State: DC	710 1 20026
Business Phone: 202-640-5600	Fax Number: 202=64	ZIP code; 20036
Third Party Beneficiary (see instructions):	rax Number: 202-04	+0-3001

THE REAL PROPERTY.							
Ar		nformation & Co			ent	Period Only)	
th	reshold was exceede	ed by that individual or	orgar	nization.	nust b	e reported below, re	egardless of whether the
100	Type of Lobbyist:		C	) Employed	0	Designated	
	Level of Gov't:	O State Lobbying	C	Local Lobbying	0	Both	
	Name:					Phone Number:	
	Address:					Thorie Norriber.	
	City:					0.000	
		r current period: \$				State:	ZIP code:
				.00			+.)
В	/	O Retained	0	Employed	0	Designated	
	Level of Gov't:	O State Lobbying	0	Local Lobbying	0	Both	
	Name:					Phone Number:	
	Address:					Thoric Homber.	
	City:					21-1-	
	Compensation for	current period: \$		.00		State:	ZIP code:
C	American Company of the Company of t				_		
	Level of Gov't:	1223	0	Employed	0	Designated	
	•	O State Lobbying	0	Local Lobbying	0	Both	
	Name:					Phone Number:	*
	Address:						
	City:					State:	ZIP code:
	Compensation for	current period: \$		.00			zii code.
1000	Continued on attache		and lock-		19/18		
		TION of ALL lobbyist	s for	current period		A+B+C+addendum	shoots): \$ 00
				G			sheets): \$ .00

IV Other Expenses (Current Semi-Annual	Period On	ily)			
A Report in the aggregate all expenses less than or equal t	to \$75:		\$		.00
B Report in the aggregate all expenses for salaries of non-la	obbying emplo	yees:	\$		.00
C Itemize each expense exceeding \$75:	DATE: /	, ,		0	0.00
the second contacts and the second	AMOUNT: \$	,	.00	0	Ad O Social Event
O PROCUREMENT O NONPROCUREMENT	AMOUNT. 3		.00	O	*Addendum attached
	DATE: /	' /	-	0	00.15
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AMOUNT: \$	•	.00	0	Ad O Social Event
O PROCUREMENT O NONPROCUREMENT	, imoorii. 😛		.00	0	*Addendum attached
O Continued on attached pages					
* If any expense listed above exceeds \$75 for an inc	dividual, you n	nust attac	ch the ac	dder	ndum page listing the
D Total expenses for current period: \$					er of the individual. s from attached pages in total)
V.S	Address to the same of			120000	
V Source of Funding Disclosure Instructions: In the event only one person or entity is listed	d as the Sinale	Source for	r a Contri	butie	on(s) use Section A. In the
event multiple persons or entities have been  A Below, list all Contributions received from the received. If more than five Contributions from Addendum for the additional Contributions.	aggregated a	s a Single	Source for	or a	Contribution(s), use Section B.
Contribution(s) from Single Source #1					
Single Source Entity's Name: Deborah Salkind					
or   Single Source Person's Last Name:	F	First Name	٥,		
Address: 10 Fincon Court	n es essece i	ii or i voi i i			
City: Santa Cruz	S	State: CA			ZIP code: 95060
Phone:					
Date Contribution Received: 10 / 11 / 2012	Amount	of Contri	ibution:	\$ 75	540 .00
Date Contribution Received: 02 / 05 / 2013	Amount	of Contri	ibution:	\$ 75	.00
Date Contribution Received: / /	Amount	of Contri	ibution:	\$	.00
Date Contribution Received: / /	Amount	of Contri	ibution:	\$	.00
Date Contribution Received: / /	Amount	of Contri	ibution:	\$	.00
Check here if using section V(C) of the Addendum for addition	onal Contributio	ons:			0
Contribution(s) Single Source #2					
Single Source Entity's Name: John Hunting					
or Single Source Person's Last Name:	F	irst Name	e:		
Address: 161 Ottawa NW, Suite 501H					
City: Grand Rapids	S	State: MI			ZIP code: 49503
Phone: 616-454-4502					
Date Contribution Received: 10 / 16 / 2012	Amount	of Contri	bution:	\$ 29	.00
Date Contribution Received: / /	Amount	of Contri	bution:	\$	.00
Date Contribution Received: / /	Amount	of Contri	bution:	\$	.00
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Date Contribution Received: / /	Amount	of Contri	bution:	\$	.00
Check here if using section V(C) of the Addendum for addition	onal Contributio	ons:			0
Check here if there are Contribution(s) from Single Source(s) Addendum to list all such Contributions:	other than thos	se listed a	bove. Us	e Se	ction V(A) of the

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please

V Source of Funding I	Discl	osure			AND THE PERSON NAMED IN	NAME OF THE PERSON NAME OF THE P
	100	A Division in the		e Single Source. Include the date and the	amount of the Contri	ibu
Contributions from Single Sou	rce #:	3				
Single Source Entity's Name: (			'n			
or Single Source Person's Last No				TO THE TANK OF THE PARTY OF THE		
Address: 6501 Longview Land	arrie.			First Name:		
City: Louisville				Charles IOV		
Phone:				State: KY	ZIP code: 40222	2
Date Contribution Received:	01	/15	/ 2013	Amount of Contributions & 2000		
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Date Contribution Received:		/	,	Amount of Contribution: \$	.00	
Date Contribution Received:		/	1	Amount of Contribution: \$	.00	
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Contributions from Single Source			Ter addin	commonons.		(
Single Source Entity's Name: G			tein			
or		Vicanoro	COIT			
Single Source Person's Last Na Address: 2604 NE70th St	me:			First Name:		
City: Seattle						
Phone: 206-543-8098				State: WA	ZIP code: 98115	
Date Contribution Received:		/ 05	/ 2012	Amount of Contribution: \$ 5800	.00	
Date Contribution Received: Date Contribution Received:	06	/ 05	/ 2012	Amount of Contribution: \$ 5800	.00	
Date Contribution Received:		/	/	Amount of Contribution: \$	.00	
		/	/	Amount of Contribution: \$	.00	
Date Contribution Received:		/		Amount of Contribution: \$	.00	
heck here if using section V(C) o			lum for additio	onal Contributions:		C
Contributions from Single Sourc						
ingle Source Entity's Name: Th	omas	Bennigs	eon .			
ingle Source Person's Last Nan	ne:			First Name:		
ddress: 2820 London Pd.						
ity: Oakland				State: CA	ZIP code: 94619	
F10 000 1000				526 KE   500	211 0000, 34019	
none: 510-336-1899	11	/ 06	/ 2012	Amount of Contribution: \$3770	.00	
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

# V Source of Funding Disclosure

Below, list all Contributions received from the Single S

Instructions: Be	elow, list all Cont clude the date o	tributions rece of the Contrib	eived from ution recei	the Single Source or, if applicable, the Related ved and the amount of the Contribution.	, Affiliated Entity or Person.
C Sir	ngle Source Info	rmation for or	ne Person o	or Entity for a single Contribution.	
Contributions fro	m Single Sourc	e #_6		9	
Single Source(or	Related or Aff	iliated) Entit	y's Name	: Sean Edridge	
or Single Source (or	r Related or Af	filiated )Pers	on's Last	Name: First Name:	
Address: 88					
city: Garr	ison	21 1111	10114	State: NY	ZIP code: 10524.
Phone:	10011				211 0000.10524.
Date Contributio	n Received:	12 / 14	/2012	Amount of Contribution: \$ 13,000	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

#### Contributions from Single Source #\_7\_\_\_

Single Source(or Related or Affiliated) Entity's Name: Tides Advocacy Fund

or Single Source (or Related or Affiliated )Person's Last Name:

First Name:

Address: PO Box 29903

City: San Francisco			State: CA	ZIP code: 94619
Phone:				
Date Contribution Received:	9 / 25	/2012	Amount of Contribution: \$ 29,000	.00
Date Contribution Received:	/	1	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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C Single Source Infor	mation for o	ne Person or I	intity for a single Contribution.	
	1000	ic reison or i	annly for a single Confibution.	
Contributions from Single Source				
Single Source(or Related or Affi or				
Single Source (or Related or Af		son's Last No	ame: First Name:	
Address: 15 Research Drive, Suite E	3			
City: Amherst			State: MA	ZIP code: 01002
Phone: 413-256-0349				
Date Contribution Received:	5 / 15	/ 2013	Amount of Contribution: \$58,000	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	1	Amount of Contribution: \$	.00
Date Contribution Received:	/	1	Amount of Contribution: \$	.00
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C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source		1 to 0 m (e-		
Single Source(or Related or Aff or				
Single Source (or Related or Af		son's Last No	ame: First Name:	
Address: 1133 19th St, NW, Ninth F	Roor			
City: Washington			State: DC	ZIP code: 20036
Phone: 202-640-5600				
Date Contribution Received:	12 / 15	/2012	Amount of Contribution: \$ 58,599	.00
Date Contribution Received:	/	1	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information	on for or	ne Person or I	Entity for a single Contribution.	
Contributions from Single Source #_	10			
Single Source(or Related or Affiliate	d) Entit	y's Name: S	ăerra Qub	
or Single Source (or Related or Affiliate	ed )Pers	son's Last No	ame: First Name:	
Address: 85 2nd St., Second Floor				
City: San Francisco			State: CA	ZIP code: 94105
Phone: 415-977-5500				
Date Contribution Received: 11	/ 20	/2012	Amount of Contribution: \$ 2900	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

# V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Single Source Information for one Person or Entity for a single Contribution.

## Contributions from Single Source $\#_{11}$

Single Source(or Related or Affiliated) Entity's Name: National Education Association

or Single Source (or Related or Affiliated )Person's Last Name:

First Name:

Address: 1201 16th St., NW

Address: 1201 16th St., NW				
City: Washington			State: DC	ZIP code: 20036
Phone: 202-833-4000				211 COGE, 20036
Date Contribution Received:	5 / 24	/2013	Amount of Contribution: \$ 21750	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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				10.000

V Source of Funding D				ALPISACI		Grand Falls, La	
B Single Source info	ormation for a Co	ontrib	ution(s) f	rom mult	iple, Related, or Affiliated Er	ntities.	
Contributions from Single Source							
elated or Affiliated Entity or P		or the	Republi	С			
Entity's or Person's Full N	Name:						
Entity's or Person's Add	ress: 3333 14th S	št., NV	V, Suite 2	05			
Entity's or Person's Phor	ne: 202-299-088	9					
Dates and Amounts of	Contributions fr	rom E	Entity or	Person:			
Date Contribution		3	/ 26	/ 2013	Amount of Contribution	: \$247,500	.0
Date Contribution		5	/ 03	/2013	Amount of Contribution	: \$100,000	.0
Date Contribution		6	/18	/2013	Amount of Contribution	: \$100,000	.0
Check here if usin	g section V(C) o	f the	Addend	um for a	dditional Contributions:		
elated or Affiliated Entity or Pe		the R	epublic				
Entity's or Person's Full N							
Entity's or Person's Addr			, Suite 20	05			
Entity's or Person's Phon							
Dates and Amounts of (	Contributions fro	om E					
Date Contributio	n Received:	4	/ 04	/2013	Amount of Contribution:	\$29,000	.00
			/	1	Amount of Contribution:	\$	.00
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
O Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
O Continued on attached pages	O Continued on attached pages
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	O Continued on attached pages
This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)  I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.  X SIGNATURE:  DATE: 7/11/13  FIRST David  TITLE: Executive Streetor  Mark One: Chief Administrative Officer O Designee(Attach Letter)	
he following MUST be attached to this report at the time of submission:	
You must allow the state of the	

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

—If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.